



**North Carolina Department of Health and Human Services  
Division of Aging and Adult Services**

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Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Dennis W. Streets  
Director

**DAAS ADMINISTRATIVE LETTER 06-08**

To: Area Agencies on Aging

Subject: Addendum to the County Budget Instructions for FY'2007

Date: July 13, 2006

As part of the implementation of the new web-based Aging and Resource Management System (ARMS) all In-Home Aide contracts must be budgeted by service code rather than levels (i.e. Level I, II, III, or IV). This change must be completed in the 2007 version of the current ARMS to allow for the data migration to the web-based system in October. This change will only impact budgeting of In-Home Aide services in ARMS. Local providers will continue to report units of service by service code. The service codes are as follows:

| Type Service    | Level I  | Level II | Level III | Level IV |
|-----------------|----------|----------|-----------|----------|
| Respite         | Code 235 | Code 236 | Code 237  | Code 238 |
| Home Management | Code 041 | Code 043 | Code 044  | Code 046 |
| Personal Care   |          | Code 042 | Code 045  |          |

Attached is the DOA 732 Supplement Form which is to be attached to the DOA 732 and used by the Area Agency to document In-Home Aide funding by service code. The final 2006 Units of Verification Report provides the total number of units reported by service code and should be used to prorate these funds among the various service codes for budgetary purposes. Again, providers are not required to make any changes to the method for reporting In-Home Aide units of service.

If you have any questions regarding this change, please contact Gary Cyrus or Mark Hensley at 919-733-8400.

Sincerely,

A handwritten signature in black ink that reads "Dennis W. Streets".

Dennis W. Streets, Director

Attachment: DOA 732 Supplement

cc: LRO Finance Directors

**Supplement to Provider Services Summary**

**In-Home Services Detail**

**Name of Community Service Provider** \_\_\_\_\_

**DOA-732 Supplement (Effective: 7/06)**

**July 1, 2006 through June 30, 2007**

**Revision #** \_\_\_\_\_

|                           | A                           | B                          | C                      | F                           | G                                  | H                             |
|---------------------------|-----------------------------|----------------------------|------------------------|-----------------------------|------------------------------------|-------------------------------|
| In-Home Services          | HCCBG<br>In-Home<br>Funding | Required<br>Local<br>Match | Net<br>Service<br>Cost | Projected<br>HCCBG<br>Units | Projected<br>Reimbursement<br>Rate | Projected<br>HCCBG<br>Clients |
| Level I - 235 Respite     |                             | 0                          | 0                      |                             |                                    |                               |
| Level I - 041 H Mgmt      |                             | 0                          | 0                      |                             |                                    |                               |
| <b>Subtotal Level I</b>   | 0                           | 0                          | 0                      | 0                           |                                    | 0                             |
| Level II - 236 Respite    |                             | 0                          | 0                      |                             |                                    |                               |
| Level II - 042 PC         |                             | 0                          | 0                      |                             |                                    |                               |
| Level II - 043 H Mgmt     |                             | 0                          | 0                      |                             |                                    |                               |
| <b>Subtotal Level II</b>  | 0                           | 0                          | 0                      | 0                           |                                    | 0                             |
| Level III - 237 Respite   |                             | 0                          | 0                      |                             |                                    |                               |
| Level III - 044 H Mgmt    |                             | 0                          | 0                      |                             |                                    |                               |
| Level III - 045 PC        |                             |                            |                        |                             |                                    |                               |
| <b>Subtotal Level III</b> | 0                           | 0                          | 0                      | 0                           |                                    | 0                             |
| Level IV - 238 Respite    |                             | 0                          | 0                      |                             |                                    |                               |
| Level IV - 046 H Mgmt     |                             | 0                          | 0                      |                             |                                    |                               |
| <b>Subtotal Level IV</b>  | 0                           | 0                          | 0                      | 0                           |                                    | 0                             |
| <b>Total</b>              | 0                           | 0                          | 0                      | 0                           |                                    |                               |

\_\_\_\_\_  
 Authorized Signature  
 Community Service Provider

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date